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MEMORANDUM

TO: Green Mountain Care Board Members

CC: Susan Barrett, Executive Director, GMCB; Michael Barber, General Counsel, GMCB

FROM: Sarah Kinsler, Director of Health System Policy, Marisa Melamed, Associate Director of Health System Policy, Michelle Sawyer, Health Policy Project Director, Russ McCracken, Staff Attorney

RE: FY 2022 Certification Eligibility Verification for OneCare Vermont ACO

DATE: January 31, 2022

This memorandum provides a summary of our review of any material changes relevant to OneCare's continued eligibility for certification in FY 2022.

Background

OneCare Vermont Accountable Care Organization, LLC (OneCare) was provisionally certified by the Green Mountain Care Board (GMCB or Board) on January 5, 2018 and was fully certified on March 21, 2018. The GMCB is required to review OneCare's continued eligibility for certification annually.[1] If the GMCB determines that OneCare is failing to meet one or more certification requirements, it may take remedial action, including requiring OneCare to implement a corrective action plan.[2] OneCare remains certified unless and until its certification is limited, suspended, or revoked by the Board.[3]

Vermont certified ACOs must annually submit a certification eligibility form that:

1. Verifies that the ACO continues to meet the requirements of the 18 V.S.A. § 9382 and Rule 5.000; and
2. Describes in detail any material changes to the ACO's policies, procedures, programs, organizational structures, provider network, health information infrastructure, or other matters addressed in sections 5.201 through 5.210 of Rule 5.000 that the ACO has not already reported to the Board.[4]

The eligibility verification must be signed by an ACO executive with authority to legally bind the ACO, who must verify under oath that the information is accurate, complete, and truthful to the best of her or

[1] GMCB Rule 5.000, § 5.305 (Annual Eligibility Verifications).
[2] *Id.* At § 5.504 (Remedial Actions; Corrective Action Plans).
[3] *Id.* At § 5.505 (Limitation, Suspension, and Revocation of Certification).
[4] *Supra* note 1.

his knowledge, information, and belief.[5]

FY 2022 Certification Eligibility Verification Process

The *2022 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC* was adopted by the Board on June 23, 2021, and was posted to the GMCB website and distributed to OneCare by July 1, 2021.[6,7] The GMCB received OneCare's completed form August 30, 2021. The Board responded to OneCare with additional questions needed to complete the review. The certification form submission, questions from the GMCB, and responses from OneCare were provided to the Office of the Health Care Advocate and were posted on the Board's website at https://gmcboard.vermont.gov/aco-oversight/2022.

The *2022 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC* requires OneCare to submit materials and answer questions determined by the Board to be necessary to verify continued eligibility for certification. In addition to the criteria in sections 5.201-5.210 of GMCB Rule 5.000, the form requires OneCare to answer questions related to new criteria enacted by the Legislature in 2018 after the Rule was finalized and for OneCare to attest to its continued adherence to the Board's antitrust guidance.[8,9]

FY 2022 Staff Conclusion

Staff reviewed the materials OneCare provided and concluded that the eligibility requirements are being met and no Board action is required at this time.

On December 8, 2021, staff presented the conclusions to the Board at a public meeting.[10] Staff discussed ongoing monitoring and reporting requirements relating to OneCare's certification, which are summarized in the following tables. Staff will integrate these monitoring and reporting requirements into the overall ACO oversight monitoring and reporting plan that includes FY 2022 ACO budget order conditions imposed by the Board on December 22, 2021.[11]

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[5] *Id.*
[6] *See* FY 2022 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC (June 25, 2021), *available at* https://gmcboard.vermont.gov/sites/gmcb/files/documents/2022_ACO_Eligibility_Verification_Form_6-23-2021--FINAL.pdf.
[7] *See* FY 2022 ACO Oversight Budget Guidance and Certification Eligibility Verification (June 17, 2020), *available at* https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY22ACOBudgetGuidance_BoardPres_20210623.pdf.
[8] *See* 2018 Acts and Resolves No. 167, Sec. 13a; 2018 Acts and Resolves No. 200, Sec. 15; 2018 Acts and Resolves No. 204, Sec. 7.
[9] *See* Green Mountain Care Board Guidance re: Referrals of Potential Violations of State or Federal Antitrust Laws to the Vermont Attorney General (May 1, 2018), *available at* https://gmcboard.vermont.gov/sites/gmcb/files/GMCB%20Guidance%20re%20AGO%20Referrals_05.01.18.pdf.
[10] *See* Green Mountain Care Board Accountable Care Organization Oversight FY 2022 Preliminary Recommendations, slides 17-21. Presentation to the Board December 8, 2021, *available at* https://gmcboard.vermont.gov/sites/gmcb/files/documents/OCV_FY22_StaffPresentation_FINAL_20211208_redacted_0.pdf.
[11] *See* Approved Green Mountain Care Board Meeting Minutes (January 12, 2022), *available at* https://gmcboard.vermont.gov/sites/gmcb/files/documents/BoardMtgMinutes_20211222_Approved.pdf.

Staff will continue to monitor areas relating to certification eligibility throughout the next fiscal year including the areas of operating agreement and governance changes, executive compensation, population health management and care coordination, and performance evaluation and improvement.[12,13,14,15]

[12] GMCB Rule 5.000, § 5.202 (Governing Body) and § 5.203 (Leadership Management)
[13] GMCB Rule 5.000, § 5.203(a) Guidance (May 12, 2021), *available at* https://gmcboard.vermont.gov/sites/gmcb/files/documents/Rule%205.000%20Guidance%20re%20Compensation.pdf.
[14] GMCB Rule 5.000, § 5.206 (Population Health Management and Care Coordination)
[15] GMCB Rule 5.000, § 5.207 (Performance Evaluation and Improvement)

Rule 5.000 & Statute	Key Criteria	FY22 Ongoing and New Monitoring & Reporting
Legal Governing Body, Leadership, & Management 5.201-5.203 § 9382(a)(1) § 9382(a)(13)	• ACO as a separate legal entity • Authorization to do business in VT • Governance, organizational leadership & management structure • Transparency of governing processes • Mechanism for consumer input	• Operating Agreement • Compliance Plan and associated policies • Conflict of Interest policy • Code of Conduct policy • Board of Managers roster, and leadership and organizational charts • Resumes for Executive Team • Compliance with §5.203(a), as interpreted by the Board,[16] which requires executive compensation to be structured to achieve specific and measurable goals that support quality and overall care and reduction of cost growth. Staff will continue to monitor areas relating to 5.202 and 5.203 relating to certification eligibility throughout the next fiscal year.
Solvency & Financial Risk 5.204 § 9382(a)(15) § 9382(a)(16)	• Mechanisms/processes for assessing legal and financial risks • Financial stability/solvency	• Financial audit • Quarterly financial statements • Compliance Plan and associated policies • Code of Conduct Policy • Finance Committee Charter

[16] See Green Mountain Care Board Accountable Care Organization Oversight Guidance re Rule 5.000, § 5.203(a), adopted May 12, 2021, available at: https://gmcboard.vermont.gov/sites/gmcb/files/documents/Rule%205.000%20Guidance%20re%20Compensation.pdf.

Rule 5.000 & Statute	Key Criteria	FY22 Ongoing and New Monitoring & Reporting
Provider Network 5.205 § 9382(a)(4)	• Written agreements with ACO Participants • Criteria for accepting providers • Provider appeals	• Participant agreements and addendums • Participant and Preferred Provider Appeals Policy • Network Development and Composition Policy
Population Health Management & Care Coordination 5.206 § 9382(a)(1) § 9382(a)(2) § 9382(a)(5) § 9382(a)(6) § 9382(a)(9) § 9382(a)(11)	• Coordination of services among Payers, Participants, and non-Participant providers, including community-based providers • Care coordination	• Community Care Coordination Policy • Care Coordination & Disease Management Procedure • Care Coordination and Training & Responsibilities Procedure • Utilization Management Review Procedure • Care Coordination Program Implementation Procedure • Continue to require more robust monitoring and evaluation plan for community-specific population health investments, i.e., innovation fund and specialty pilots Staff will continue to monitor areas relating to 5.206 relating to certification eligibility throughout the next fiscal year.
Performance Evaluation & Improvement 5.207 § 9382(a)(5) § 9382(a)(7)	• A Quality Improvement Program actively supervised by the ACO's clinical director or designee that identifies, evaluates, and resolves potential problems and areas for improvement.	• Quality Improvement Policy • Quality Improvement Procedure • Utilization Management Plan Staff will continue to monitor areas relating to 5.207 relating to certification eligibility throughout the next fiscal year

Rule 5.000 & Statute	Key Criteria	FY22 Ongoing and New Monitoring & Reporting
Patient Protections & Support 5.208 § 9382(a)(8) § 9382(a)(10) § 9382(a)(12) § 9382(a)(14)	• Enrollee freedom to select their own health care providers • ACO may not increase cost sharing or reduce services under enrollee health plan • Patients are not billed on the event an ACO does not pay a provider • ACO maintains grievance and complaint process	• Patient Complaint and Grievance Policy • Bi-annual complaint and grievance reporting to GMCB and HCA • Review public comment and feedback through GMCB advisory committees • Beneficiary notification letters
Provider Payment 5.209 § 9382(a)(3)	• Administer provider payments • Alternative payment methodologies coupled with mechanisms to improve or maintain quality/access • Alignment of ACO-payer incentives and ACO-provider incentives • Provider appeals	• Program Settlement Policy • Hospital Fixed Payment Policy • VBIF Policy and VBIF Distribution Procedure • Community Care Coordination Payments Policy • Participant and Preferred Provider Appeals Policy • ACO Quality Improvement Procedure • FPP Distribution Procedure • PHPM Distribution Procedure
Health Information Technology 5.210 § 9382(a)(2) § 9382(a)(5) § 9382(a)(6)	• Data collection and integration • Data analytics • Integration of clinical and financial data system to manage risk	• Care Coordination & Disease Management Procedure • Care Coordination Training and Responsibilities Procedure • Utilization Management Plan • Data Use Policy • Privacy & Security Policies

Rule 5.000 & Statute	Key Criteria	FY22 Ongoing and New Monitoring & Reporting
Mental Health Access § 9382(a)(2)	• ACO role vs. payer role in supporting access to mental health care • Financial incentives • Care coordination • Programs or initiatives • Use of data, quality measurement, and clinical priorities	• Performance on mental health related quality measures in payer contracts • Quality Improvement Plan • Clinical Priorities • Report on collaboration with Designated Agencies on 42 CFR Part 2
Minimize payment differentials or "payment parity" § 9382(a)(3)	• ACO role vs. payer role in fair and equitable payments and minimizing payment differentials • ACO's steps to minimize payment differentials	• Interim and annual monitoring of Comprehensive Payment Reform program
Addressing Childhood Adversity § 9382(a)(17) § 5.403(a)(20)	• Connections among ACO providers • Collaboration on quality outcome measures • Incentives for community providers	• Plan and timeline • Social determinants risk scores • Screening tools • Program expansion • Analytics